

ACMC *Pulse*

Summer 2013

New MRI

offers faster, more
comfortable tests

**Thoracic
surgery
at ACMC**

**Stereotactic biopsy:
Surgery sitting up**

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New technology here at ACMC



• Michael Habowski,
ACMC president
and CEO

WITHIN the past few months, Ashtabula County Medical Center (ACMC) has brought new equipment online that will speed diagnosis and make for a more comfortable patient experience.

In all, more than \$2.5 million was spent. The new purchases are one more way ACMC is showing its dedication to providing the best healthcare for our community.

Impressive imaging

Two digital mammography units were put into service in December, and they immediately began impacting patient care. The units' stereotactic breast biopsy capability came into play for diagnosing calcium deposits in a patient who had previously come to ACMC for a screening performed on an analog mammogram unit. She said there was no discomfort with the biopsy, which was a relief after the stories she had heard from others. See page 7 for the full story.

Since that first biopsy, several more have been performed using the new technology.

The digital mammogram units have been joined by a new MRI, which is capable of performing breast MRI, as

well as more vascular studies. The Philips Ingenia 1.5T integrates new technology to make it a whole-body scanner, or it can provide a pinpoint target on a small segment of the body. The new MRI lessens exam time by as much as 30 percent over older imagers.

“The new imaging equipment will allow us to stay on the front lines of technology upgrades while providing better patient care and comfort.”

—Michael Habowski, ACMC president and CEO

Sharper video, better care

New equipment has also been added for endoscopy. Updated gastroscopes and colonoscopes are helping physicians get better images.

The Olympus Evis Exera equipment provides high-definition and narrow-band imaging to increase image details. Physicians can now see fine capillaries in real time and obtain clearer views of anatomical structures. There is also greater visual contrast of the surface structure.

The video system has a dual focus, giving it a two-stage optical system that allows physicians to switch between normal and near modes to achieve desired observation. It also has a prefreeze capability that automatically selects the sharpest image for review.

“We are very pleased to offer this level of diagnostic technology in Ashtabula County,” said ACMC President and CEO Michael Habowski. “The new imaging equipment will allow us to stay on the front lines of technology upgrades while providing better patient care and comfort.”



Colonoscopy may be lifesaving

FINDING CANCER EARLY, when treatment is most likely to be successful, is a good thing. But preventing cancer is even better.

That's why it's so important to know about screening guidelines using colonoscopy. This test, which focuses on cancers of the colon and rectum, can both help prevent and detect cancer.

Recent research shows that people who have polyps removed significantly reduce their risk of dying from colorectal cancer. By having a colonoscopy, you may not simply prevent cancer, you may save your life.

"If we find the cancer or its early-stage polyp soon enough, your health risk is greatly reduced," said Ashtabula County Medical Center gastroenterologist Ashok Kondru, MD. "More than 90 percent of those who are diagnosed early are cured. The problem is too many people wait until they begin to have multiple symptoms, and that means the cancer has already spread."

Colonoscopy involves the use of a long, flexible tube with a light and camera on the end. While you're sedated, the tube is guided through your rectum and colon and the camera transmits images to a computer screen. This enables your doctor to spot tumors and—just as important—polyps, which are growths that can sometimes turn into cancer. If the polyps are removed—something that's typically done during the procedure—cancer can be stopped before it ever starts. That should offer plenty of motivation to be screened.

What are the signs?

Symptoms of colon cancer include:

- Changes in bowel habits—constipation or diarrhea that lasts more than a few days.
- Bloody stool, dark stool or rectal bleeding.
- Stool that is narrower or thinner than normal.
- Frequent abdominal discomfort—gas, bloating, cramps or feeling full.
- Sudden weight loss.
- Weakness and fatigue.
- Iron deficiency.

"These symptoms are common to



many health problems, which is why you should talk to your physician about any occurrence of these," said Dr. Kondru. "Even if they are not caused by colorectal cancer, they can point to another serious health concern."

When you reach the age of 50 (45 for African Americans), your physician will recommend a screening for colorectal cancer every 10 years—or more often if your health history or other risk factors suggest a greater likelihood you could develop cancer.

"We can take biopsies to test for cancer, and we can use the same equipment to remove the polyps," Dr. Kondru said.

The screenings are performed on an outpatient basis. Usually, you can have someone drive you home about an hour after the test.

Side effects include headache, nausea and bloating.

You can reduce the risk of colorectal cancer by eating a healthy diet of fruits and vegetables as well as by staying physically active, Dr. Kondru said.

"These steps are no guarantee you won't develop cancer, but research shows people who are more active, maintain a healthy weight, avoid alcohol, and limit intake of red or processed meat are less likely to develop cancer," he said.

Most insurance providers, including Medicare, pay for colorectal cancer screenings.

"If we find the cancer or its early-stage polyp soon enough, your health risk is greatly reduced. More than 90 percent of those who are diagnosed early are cured."

—Ashok Kondru, MD,
ACMC gastroenterologist



Learn more

For more information about your risk for colorectal cancer,

...visit www.acmchealth.org and take the **Colorectal Cancer Quiz**. Click on "Health Tools" under "Health Resources."

Get control of chronic pain

WE'VE ALL HAD THOSE quick sharp pains that come suddenly and leave just as quickly.

Chronic pain, on the other hand, is pain that never quite goes away.

"We define chronic pain as pain which lasts six months or

longer," said Cleveland Clinic pain management specialist John Hill, MD, who leads the Interventional Pain Center at Ashtabula County Medical Center (ACMC). "It is pain that keeps you from enjoying life, and it can be difficult to treat. Over-the-counter medication may ease the symptoms, at first, but the pain never really goes away."

However, that does not mean you should give in to the pain.

"The temptation is to avoid activity and hope the pain will go away. That's exactly what you shouldn't do. We know that staying active actually helps ease the pain," Dr. Hill said.

Chronic pain won't have an easy fix—in fact, there may be no cure for the pain at all. However, by following a simple game plan, you and your physician can take control and manage your pain.

The game plan starts with keeping notes. Write down information about when the pain is most severe, what activities or movements cause the pain to get worse, what time of day or night the pain is strongest, and whether or not you are taking over-the-counter medication for the pain.

This pain journal will help your physician start to diagnose the cause. Your physician may want you to have imaging tests, such as a CT scan or MRI, to get a

picture of what is going on inside your body. Other tests, such as an electromyogram (EMG), may be used to test your nerves.

Your primary care physician may refer you to a pain specialist for further treatment.

By narrowing down the cause of the pain, your physician can determine the best treatment.

"We look at multiple approaches to treating your pain," Dr. Hill said. "We may start with prescription medication and blend it with a course of physical therapy. This often can help alleviate the pain."

Other treatment options will vary depending on the source and strength of the pain, and they could range from prescribed medication to implantation of a device that controls the pain.

Dr. Hill said the key to battling chronic pain is to stay consistent and meet all goals set for treatment. It may mean changing your lifestyle (eating a healthier diet, exercising more, watching sources of stress) or adhering to a strict schedule of visits to the doctor for pain medicine or surgery.

For more information about chronic pain management, visit www.acmchealth.org and click on "Pain Management"



• John Hill, MD, Cleveland Clinic pain management specialist

under "Services." If you or a loved one suffers from chronic pain, consult with your family physician and ask for a referral to ACMC's Interventional Pain Center.

Conquer chronic pain. Ask your physician for a referral to ACMC's Interventional Pain Center. Go to www.acmchealth.org and click on "Pain Management" under "Services."

New MRI gives a clearer picture of health

A NEW MAGNETIC resonance imaging (MRI) scanner at Ashtabula County Medical Center (ACMC) is giving physicians a clearer picture of their patients' health.

The new MRI represents a \$1.2 million investment in local healthcare technology.

Nancy Shaw-Hertzog, ACMC's director of Imaging Services, said the new equipment will be more comfortable for patients, shorten test times and provide better image resolution for physicians.

"ACMC's new high-tech MRI takes advantage of the latest technology to benefit the patient and physician," she said. "It is a convenient combination of efficiency, comfort and precision."

An MRI is a common, noninvasive diagnostic test physicians use to get a clear view of internal organs, blood vessels, lymph nodes or the brain. The test can be used to detect tumors, congestion or blockages, blood leaks, infections, heart valve disorders, fluid buildup in or around an organ, tissue damage, or inflammation.

Physicians can also use the new MRI in conjunction with digital mammography to detect breast cancer by using extremely high-resolution images of breast tissue.

The new imager uses magnets and radio waves to create pictures. The pictures, known as slices, are stored digitally and can be accessed by any physician on-site or remotely through ACMC's electronic medical records system.

Better for patients

For patients, the new MRI lessens the exam time by as much as 30 percent over older imagers.



Much of the decreased exam time comes from improved technology for delivering the image signal to the computers used to store and view the images.

Another improvement for patients is a larger, more comfortable test bed. The bed is able to accommodate larger patients with ease while providing a more comfortable platform for the test—reducing the restlessness of patients who might be nervous or uncomfortable during the test. The new MRI also has a wider opening, giving the patient more comfortable space within the unit. This decreases the feeling of claustrophobia some patients have.

Better for physicians

For physicians, the new MRI greatly improves their ability to diagnose diseases and illnesses at earlier stages. It gives them a more complete picture of what is

happening internally.

"The MRI can be a whole-body scanner, or it can focus tightly on one small segment of the body," Shaw-Hertzog said. "This gives us a variety of options for providing images for our physicians."

The scanner has computerized protocols that assist physicians and technicians in performing scans. It can be programmed for specific imaging patterns, and it also automates many of the repetitive steps that were once performed manually.

"The ability to focus on viewing the images while the computer does all the small tasks is invaluable for physicians and patients," Shaw-Hertzog said. "It speeds the exam process and lets the technicians focus on reviewing the images while monitoring the patient."

The new scanner is also designed to easily accommodate future upgrades at a lower cost.



STEREOTACTIC BREAST BIOPSY

A less invasive approach

IF A MAMMOGRAM SHOWS a potentially cancerous growth of cells, it may be necessary to further explore those abnormal findings. At Ashtabula County Medical Center (ACMC), that can now be done through stereotactic breast biopsy.

Instead of cutting into the breast to remove tissue, a physician uses a needle to retrieve the tissue. Guided by the surgeons or radiologist, the stereotactic equipment moves the needle to the area of concern and uses a vacuum system to remove the sample tissue.

The procedure is quick compared to open surgery, less costly, and there is little or no discomfort.

In the past, if physicians were concerned about an area or a density in the breast, they would schedule needle localization. These procedures started in the radiology department with a wire being placed in the breast and ended in the operating room, with the removal of a significant piece of breast tissue. The area would be tender to the touch for several days, and the patient would have necessary work restrictions.

With the new method, a physician takes the sample for testing right at the mammogram unit. This does not require a full operating room—and that means a shorter period between an initial screening and the biopsy.

It also means less pain, because the

stereotactic biopsy is minimally invasive. There is also less recovery time. Patients who have had the new procedure—such as Jayne Parker, at right—say they are able to return to normal activities immediately.


The stereotactic biopsy system works in conjunction with the two new digital mammography units purchased last year by ACMC.

With digital mammography, the technologist can evaluate the quality of the images as they are taken. The image brightness, contrast and a negative image can all be adjusted so the technologist can more easily distinguish between healthy tissue and cancerous cells.

The digital image also can be magnified after the mammogram is complete, which makes it easier to see subtle differences between tissues.

Electronic transmission of images from one physician to another is quick, easy and secure. The images can also be loaded onto a CD if needed.

Another added benefit of digital mammography is that patients spend less time in the exam room.

To schedule a mammogram, contact your physician for a referral. Once you have a physician's order, call ACMC's Centralized Scheduling department  at **440-997-6590**. ACMC offers extended hours throughout the week and on Saturday mornings for your convenience.

To schedule a mammogram, contact your physician for a referral; then call ACMC's Centralized Scheduling department at 440-997-6590.

Breast biopsy in the digital age

“I was leery at first. But I wouldn’t hesitate to have this again.”

—Jayne Parker



THE CALCIUM DEPOSIT in Jayne Parker’s right breast is nothing new—she’s known about it for more than 10 years.

What is new is the diagnostic equipment used to test recent growth there.

Parker was the first Ashtabula County Medical Center (ACMC) patient to undergo a breast biopsy using the new digital mammography stereotactic biopsy system.

Parker said she was pleasantly surprised at how little discomfort there was when she returned to ACMC for her biopsy.

“I couldn’t believe that it didn’t hurt,” she said. “I felt a little prick of the needle, but after they gave me the Novocaine, I couldn’t feel anything.”

Parker has been a long-time patient at ACMC, choosing to come here after a painful mammogram at another facility, which left her black and blue. Over the years, the mammography screenings she received at ACMC showed she had no change in the calcium deposit.

During a regular screening in November, however, all that changed.

“Dr. Wiese [internal medicine specialist Edward Wiese, MD] told me there had been some growth,” Parker said. “He referred me to Dr. O’Brien [general surgeon Timothy O’Brien, MD]. He was confident it was not anything to worry about, since many people have calcification. He wanted to be absolutely sure, though, and recommended the biopsy.”

She returned in December for the procedure. Later, she realized that the equipment and procedure for the initial mammogram was different.

“I didn’t need to hold my arm pointing out like I did before. It was much more comfortable.”

Taking the pain out of biopsies

Parker said family and friends were concerned about the procedure, but they did not tell her about the way many biopsies are performed: A wire is inserted into the breast to mark the location; then the patient is transported to surgery where the breast is opened and the sample taken.

That painful procedure is a thing of the past with the new stereotactic biopsy procedure now in use at ACMC. In this outpatient procedure, a needle is inserted and draws out a small sample via a vacuum system. (Read more about stereotactic biopsy on page 6.)

Parker said she was surprised when she was told she could sit up for the procedure. She said the equipment lined up the breast in the exact spot, and she was given medication to numb her breast.

“They said I might need to put ice on my breast later that night,” she said. “I didn’t need to do anything. There was a tiny amount of bleeding after the needle was removed, but they put some gauze on it and everything was fine.”

The results came back negative, as expected.

Parker said if another procedure is needed in the future, she expects it will be just as smooth.

“I was impressed that Dr. O’Brien left a little clip that would show up on a mammogram,” Parker said. “If they need to go back to that area in the future, they’ll have no trouble finding the right spot.”

Since the procedure, she’s been telling others how easy it was.

“I am so impressed,” Parker said. “I was leery at first. But I wouldn’t hesitate to have this again. That’s how easy it was. If someone tells you to get it, then go through with it at ACMC.”



rheumatoid



THE IMMUNE SYSTEM is best known as a built-in defense mechanism—it helps protect the body against foreign invaders, such as bacteria, that can cause infection and disease.

But sometimes the immune system doesn't work like it should, and it actually attacks a part of the body. Such is the case with rheumatoid arthritis, or RA.

Painful joints and more

When a cut becomes red, swollen, warm and painful, it's because your immune system is fighting infection. But in RA, these same symptoms happen inside your joints, without infection. According to the Arthritis Foundation, advanced RA can damage cartilage, bone, and even the muscles, ligaments and tendons that support the joint.

RA is a chronic disease that can cause symptoms most of the time or remain mild except for periods of worsening symptoms, called flares. Symptoms may last a few months or years and go away. Or they may come on suddenly and last a lifetime.

At Ashtabula County Medical Center (ACMC), Cleveland Clinic rheumatologists Carmen Gota, MD, and Johnny Su, MD, diagnose and help patients develop a treatment plan.

Symptoms usually start in the smaller joints of both hands, including fingers and wrists. RA may also affect other joints, including the shoulders, elbows, knees and feet.

In addition to warmth, swelling and tenderness in joints, symptoms may include:

- Morning stiffness or pain after prolonged sitting.
- Fatigue, weakness or muscle pain.
- Flu-like symptoms, including low-grade fever.
- Loss of appetite or weight loss.
- Dry eyes and mouth.

Symptoms are usually symmetrical; for example, if a joint in one hand hurts, the

arthritis

corresponding joint in the other hand will also hurt. In some severe cases, lumps called rheumatoid nodules appear under the skin, usually near the elbows.

Scientists don't know exactly what causes RA. But they do know that it results from an interaction of factors. According to the National Institutes of Health, certain genes may make some people more likely to get RA. In these people, a trigger, such as an infection, may start the disease process.

Anyone of any age can get RA, but it usually starts between ages 30 and 60 for women and later for men. Nearly three times as many women as men have it.

Getting help

There is no single test for RA, so doctors use a variety of tools to diagnose the disease. Your doctor may combine tests, such as x-rays and blood tests, with a physical examination. Your medical history and description of your symptoms are also important.

Since RA affects people differently, treatment is tailored to your individual needs. According to the Arthritis Foundation, most people are prescribed medicines, such as disease-modifying antirheumatic drugs (DMARDs), soon

after their diagnosis to help prevent joint damage.

Your doctor may also suggest some of the following:

- Medications for pain relief, such as aspirin or acetaminophen. Corticosteroids may be given to relieve inflammation.
- Balanced rest and exercise. Moderate physical activity can help keep your joints flexible, and adequate rest may help reduce symptoms during flares.
- Surgery for some people with severe joint damage.
- Devices such as zipper pullers and long-handled shoehorns to help with everyday activities.

Having RA can be stressful, and that stress can make symptoms worse. Talk to your doctor about ways to cope. For some people, staying as active as possible helps relieve stress. An exercise program or support group may help you stay in control of your symptoms.

ACMC rheumatologists tailor treatment to your individual needs. Call 440-997-6910 for an appointment.

Rheumatologists tackle difficult diseases

Arthritis. Lupus. Back pain and fibromyalgia.

These are just a handful of the complex conditions that are treated by rheumatologists. Rheumatology is a specialty that can add three years of training to the seven that an internist or pediatrician already has completed.

Rheumatology tackles some of the most difficult diseases to diagnose and treat—rheumatic conditions. According to the American College of Rheumatology (ACR), more than 100 diseases fall into this category. Some can cause serious, lifelong disability.

That's why an early, accurate diagnosis can be so important. Getting a quick start on treating inflammatory diseases like arthritis can save time and money—and have a big

impact on your quality of life.

Your primary care physician may refer you to a rheumatologist for a one-time consultation, notes the ACR. Or, after your visit, the rheumatologist may guide the care for your specific condition.

In fact, the rheumatologist may recommend adding the skills of an occupational therapist, social worker or physical therapist to your healthcare team. He or she also might suggest mental health counseling to help you and your family cope with issues like chronic pain.

You can find more information at **www.rheumatology.org**.

Additional source: Arthritis Foundation



Arthritis answers

For more information about rheumatoid arthritis, visit the "Health Resources" section on our website.

Go to www.acmchealth.org.

When it's time to see the urologist

SOMETIMES A GUY just needs a specialist. That's true if you get in over your head trying to fix your basement plumbing—or if you're dealing with a plumbing problem below your belt.

If it's the latter, a urologist is the go-to person. These doctors are experts in conditions of the urinary tract and the male reproductive organs. So they can diagnose and treat a wide range of problems that involve the

prostate, genitals, bladder and kidneys, for example.

Your regular doctor might have you see a urologist for many reasons, such as for a prostate problem or another condition that causes you to have:

→ Difficulty urinating, emptying

your bladder or controlling your urine.

→ Blood in your urine.

→ Pain that might involve your urinary tract.

→ Concerns about sexual function.

→ Fertility problems.

To schedule an appointment with an ACMC urologist, call Mark Cabelin, MD, at 440-997-6970 or R.B. Ravi, MD, at 440-997-0092.

Dinner With a Doc: *Dine. Ask. Learn.*

When you have questions about your health, ACMC physicians are here to help. There's no better way to get the answers you need than in a relaxed, enjoyable setting with a knowledgeable expert. Choose an issue important to your health, and join us for a good meal and great conversation.

All events require reservations and a prepayment of \$15. To make a reservation, call **(440) 997-6555**, or visit **www.acmchealth.org** and click "Sign Up for Events."

Ashtabula County Medical Center

2420 Lake Avenue
Ashtabula, OH 44004

**Ashtabula County
Medical Center**
ACMC Healthcare System

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July 25 Nutrition and Cooking
Ed Wiese, MD
Internal Medicine Specialist

Aug. 15 Cancer
Mohammad Varghai, MD
Oncologist

Sept. 16 Pain Management
John Hill, MD
Pain Management
Specialist

Oct. 10 Menopause
Soldrea Thompson, MD
Gynecologist

**Nov. 7 Ear, Nose and
Throat Health**
Michael Papsidero, MD
Otolaryngologist





AN ASHTABULA COUNTY RESIDENT

is breathing a little easier after Ashtabula County Medical Center (ACMC) general surgeon Evangelos Bibidakis, MD, performed video-assisted thoracoscopic surgery (VATS) to remove a tumor in the patient's lung.

VATS is performed using a small video camera, called an endoscope, which is inserted into a patient's chest via one of three small holes, or ports. The endoscope is a small fiber-optic instrument with a high-resolution camera at the end that allows the surgeon to view the lungs on a screen in the operating room. The surgeon inserts surgical instruments in the two other ports to perform the surgery.

VATS can be used for many purposes, from a biopsy to removal of tumors or entire lobes from the lung.

"There is a high level of training and expertise, as well as specialized instruments, needed to perform this type of surgery," Dr. Bibidakis said. "We have all of that here at ACMC."

Benefits of VATS

There are several benefits to VATS.

Traditionally, surgeons performing thoracic procedures to diagnose or treat chest conditions gain access to the chest by cutting through the sternum or between the ribs and using a rib spreader. Often, the procedure also requires division of one or more major muscles of the chest wall. VATS is done through three or four small holes with no impact on the ribs or muscles. These small incisions cause less pain and are less likely to become infected.

VATS also decreases the amount of time a patient must stay in the hospital



from one week to one to three days. This means a quicker return to a normal lifestyle.

VATS is performed for lung biopsies, staging of tumors or tumor removal, infections, fluid in or around the lungs, collapsed lungs, creating a pericardial (heart) window if fluid accumulates around the heart, or diagnostic purposes.

ACMC President and CEO Michael Habowski said bringing procedures like this to Ashtabula is one reason the hospital hires top-tier, expert physicians like Dr. Bibidakis.

"By providing this type of thoracic surgery here in Ashtabula County, we are giving our neighbors the opportunity to stay close to home for surgery and postoperative care," Habowski said.

General surgeon Evangelos Bibidakis, MD, is certified by the American Board of Surgery. He is currently accepting new patients and is located on the third floor of The Ashtabula Clinic. To schedule an appointment, please call **440-997-6960**.



● Evangelos Bibidakis, MD,
ACMC general surgeon

"There is a high level of training and expertise, as well as specialized instruments, needed to perform this type of surgery. We have all of that here at ACMC."

—Evangelos Bibidakis, MD

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Prenatal care

Why it's a must

**Expecting?
Start your
prenatal care
close to home.
To schedule an
appointment
with Soldrea
Thompson,
MD, call
440-997-6915.**

THAT LITTLE STICK you took into the bathroom has just confirmed what you've suspected all along—you're pregnant!

Next up: phone calls to family, friends and, most important, to your healthcare provider.

Ashtabula County Medical Center OB-GYN Soldrea Thompson, MD, said you should begin prenatal care as early as possible in the pregnancy, for the health of your baby and yourself. If a potential problem comes up, there's a good chance it will be caught early, before it becomes serious.



• Soldrea Thompson, MD, ACMC OB-GYN

Those prenatal visits are even more essential if you have a chronic condition, such as diabetes or asthma. Your treatments may need to change, and you'll need to work closely with your provider to monitor your illness.

What you can expect

Most pregnant women need monthly checkups at first. You'll see your healthcare provider more often as you get closer to your delivery date. You might also need more frequent checkups if you have a high-risk pregnancy or are older than 35.

Your first prenatal visit will likely be the longest and most involved. Your provider will:

- Calculate your estimated due date.
- Ask about your personal and family health history.
- Do a complete physical.
- Take blood and urine samples for testing.
- Check your blood pressure, height and weight.

Later prenatal visits will include some of the same basic checks, such as taking your blood pressure and weight. Your provider will also listen to the baby's heart and measure your belly to see if the baby is growing well.

In addition, you'll have the chance to learn about things that can help ensure a healthy pregnancy, such as eating right, exercising, and avoiding alcohol and cigarettes.

Your prenatal visits are also the perfect opportunity to talk to your provider about any questions or concerns you have about your pregnancy.

Sources: American College of Obstetricians and Gynecologists; U.S. Department of Health and Human Services